



2497636

CaseNumber: WR-72,735-03

EventDate: 09/13/2012

Style 1: RAMIREZ, JOHN HENRY

Style 2:

Event code: RR ADD'L VOLUME

EventID: 2497636

Applicant first name: JOHN HENRY

Applicant last name: RAMIREZ

Offense: 19.03

Offense code: Capital Murder

Trial court case number: 04-CR-3453-C(2)

Trial court name: 94th District Court

Trial court number: 321780094

County: Nueces

Trial court ID: 267

Event map code: GENERIC

Event description: Habeas Corpus - Capital Death

Event description code: 11.071

Remarks: VOL. 6 OF 6 VOLS.--EXHIBIT VOLUME

<input type="checkbox"/> Document Scanned	<input type="checkbox"/> Created or
	<input type="checkbox"/> Appended
Scanned by _____	date _____
Image ID _____	
Comment _____	
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REPORTER'S RECORD  
APPELLATE COURT NO. AP-76,100  
TRIAL COURT CAUSE NO. 04-CR-3453-C  
VOLUME 6 of 6 VOLUMES

THE STATE OF TEXAS ) IN THE DISTRICT COURT  
VS. ) 94TH JUDICIAL DISTRICT  
JOHN HENRY RAMIREZ ) NUECES COUNTY, TEXAS

EXHIBIT VOLUME (Cont'd)

2011 DEC 12 A 11:07  
CLERK OF DISTRICT COURT  
NUECES COUNTY, TEXAS  
DEPT. V

COPY

MARY LOPEZ BUITRON, CSR, RPR  
Official Court Reporter - 94th District Court

EXHIBITS (Cont'd)				
NO.	DESCRIPTION	OFFERED	ADMITTED	VOL.
DX-3	Defendant's school records (Continued)	5	5	3
DX-4	Attorneys' fee vouchers.....	5,15	6,15	3,4
DX-5	Troy Martinez file.....	9	10	3
DX-6	Capital Cases.....	63	63	3
DX-7	Mitigating Circumstances....			
DX-8	Mitigation in the Death Belt	63	63	3
DX-9	Capital Cases - Dimensions of Mitigation.....	63	63	3
DX-10	Dr. Martinez time summary...	56	67	3
DX-11	Ramirez arguments.....	167	167	3

MARY LOPEZ BUITRON, CSR, RPR  
 Official Court Reporter - 94th District Court

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DX-3  
(Cont'd)

MARY LOPEZ BUITRON, CSR, RPR  
*Official Court Reporter - 94th District Court*

All procedures and information in this document are required by law.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
Corpus Christi, Texas

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

☒ Admission  
☒ Review  
☐ Dismissal

12/10/98  
ARD NOTIFICATION DATE

1/15/99  
DATE OF MEETING

Please Print

RAMIREZ	JOHN	H	454-71-3620	<input checked="" type="checkbox"/> M	<input type="checkbox"/> F
STUDENT'S LAST NAME		FIRST	MI		SOCIAL SECURITY NO.
06 / 29 / 84	MOODY HIGH SCHOOL		9/CM		004
DATE OF BIRTH		SCHOOL		GRADE/PROG	SCHOOL

☐ Yes ☒ No An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication: \_\_\_\_\_

A. REVIEW OF ASSESSMENT DATA and other information (check [✓] if applicable)

- ☒ Comprehensive individual assessment (dates of reports) 01-15-98
- ☐ Assessment(s) for related services. (Specify by title and by date.) \_\_\_\_\_
- ☒ Assistive technology addressed in psychological assessment report(s) dated 1/15/98 Recommended: ☐ yes ☒ no (ARD 4)
- ☐ Functional vocational evaluation report date \_\_\_\_\_
- ☐ Other assessment (Specify by title and by date.) \_\_\_\_\_
- ☒ Information from the student's Individual Transition Plan dated: 1/15/99
- ☐ Information from the Language Proficiency Assessment Committee dated: \_\_\_\_\_
- ☐ Records from other school districts (Specify) \_\_\_\_\_
- ☐ Information from parents/student (Specify) \_\_\_\_\_
- ☐ Information from school personnel (Specify) \_\_\_\_\_
- ☒ Information/records from other agencies or professionals (Specify) Medical 10/24/95
- ☐ Student communication needs: (If student is deaf or hard of hearing, complete the ARD supplement *Communication Needs of Deaf or Hard of Hearing Students*.) \_\_\_\_\_
- ☐ Concerns of parent for enhancing the education of their child: \_\_\_\_\_
- ☐ Yes ☒ No Additional assessment is needed. Specify with time line for completion: \_\_\_\_\_
- ☐ Specify additional assessments needed: \_\_\_\_\_

B. DETERMINATION OF ELIGIBILITY (check [✓] if applicable)

Based on the assessment data reviewed, the ARD committee had determined that the student

☐ does not meet eligibility criteria to receive special education services.

☒ meets eligibility criteria for:

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> learning disability | <input type="checkbox"/> speech impairment      | <input type="checkbox"/> emotionally disturbed              |
| <input type="checkbox"/> mental retardation             | <input type="checkbox"/> autism                 | <input checked="" type="checkbox"/> other health impairment |
| <input type="checkbox"/> orthopedic impairment          | <input type="checkbox"/> traumatic brain injury | <input type="checkbox"/> multiple disabilities              |
| <input type="checkbox"/> visual impairment              | <input type="checkbox"/> auditory impairment    | <input type="checkbox"/> deaf-blind                         |

A student shall not be determined to be a student with a disability due to lack of instruction in reading or mathematics, or limited English proficiency.

C. DISABILITY/DISABILITIES

Assigned by ARD Committee LEARNING DISABLED / OTHER HEALTH IMPAIRMENT

(A disability should be noted here only if special education services are to be provided. See ARD-2)

7/98  
ARD-1

Original - eligibility folder

Copy - counselor

Copy - teacher

Copy - parent copy

RAMIREZ, JOHN

☒ Yes ☐ No

The ARD committee reviewed student achievement on each current IEP. (Applicable to all but initial ARD meetings.)

Present Competencies:

Physical, as it affects participation in instructional settings and physical education No limitations

Medication/Health Care, as it affects participation in instructional settings and physical education used to take valium for MD None at this time

☒ Yes ☐ No

The student is capable of receiving instruction in the Texas Essential Knowledge and Skills (TEKS) of physical education through the general education program without modification. Comments:

☐ Yes ☒ No

Physical Education Modification Plan needed.

Academic/Developmental, as it affects participation in instructional settings (grade or age levels alone are not acceptable)

English - Capitalizes beginnings of sentences, titles, proper names, months, days  
uses periods; question marks, identifies nouns, verbs, forms  
contractions, writes simple paragraphs, forms contractions  
Math - +, -, x, ÷ whole numbers

Indicate how the disability affects the student's involvement and progress in the general curriculum or, for preschool children, how does the disability affect the student's participation in appropriate activities?

Student needs modifications and content mastery support  
to be successful in general ed. classes

☐ Yes ☒ No

Does the student's behavior impede his or her learning or that of others? If yes, the ARD committee should develop/review/modify a functional behavioral assessment and a Behavior Intervention Plan.

☒ Yes ☐ No

The student is capable of following the Student Code of Conduct without modification. If no, the ARD Committee should develop/review/modify a functional behavioral assessment and a Behavior Intervention Plan.

☐ Yes ☒ No

Is student limited English proficient? If yes, what are the language needs of the student as such needs relate to the student's IEP?

The ARD Committee agrees that the student

☒ Needs and will receive special education services

☐ Does not need and will not receive special education services for the following reasons:

INSERT IEP SHEETS AFTER THIS PAGE

7/98  
ARD-2

INDICATE NUMBER OF PAGES OF EACH IEP: R 2 Sp \_\_\_ Voc \_\_\_ OT \_\_\_ PT \_\_\_ VS \_\_\_ MT \_\_\_ OM \_\_\_ HS \_\_\_ Other \_\_\_



CORPUS CHRISTI I.S.D.  
STUDENT I.E.P.

APPROVED BY A.R.D. COMMITTEE: SW 5/18/98

STUDENT NAME: John Ramirez

SCHOOL: MOODY HIGH SCHOOL

COURSE TITLE: MAINSTREAM CLASS

CONTACT TEACHER: SPECIAL EDUCATION

I.E.P. DATE: DRAFT 2/25/98

I.E.P. DURATION: 08/17/98 - 05/27/99

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED. 2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'ANT.(%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%) ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN THE 'CLASS' TEXTS. 5-THE SCHEDULE OF EVALUATIONS WILL BE CONDUCTED WITH SIX WEEK REPORTING PERIODS At least annually

EVALUATION METHODS: 1-C.L.A.B.B., 2-OBSERVATIONS, 3-DAILY RECORDS, 4-WORK SAMPLES, 5-OTHER (report cards)

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT.(%) MASTERY	EVAL. METHOD	FINAL (%)ACH.	COMP. DATE
-------------	----------------------	------------	-----------------	--------------	---------------	------------

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE PROGRESS TOWARDS TASK COMPLETION.

PH9 MAINTAINS PASSING GRADES 8/28 95 5  
IN MAINSTREAMED CLASSES.

(DRAFT 2/25/98)

R-1  
R-2

CORPUS CHRISTI I.S.D.  
STUDENT I.E.P.APPROVED BY A.R.D. COMMITTEE: 11/15/99

STUDENT NAME: JOHN H. RAMIREZ

SCHOOL: MOODY HIGH SCHOOL

COURSE TITLE: CONTENT MASTERY

EVALUATOR/TEACHER: Spec. Ed.I.E.P. DATE: (Draft) 11/15/99I.E.P. DURATION: 8/99 - 5/2000

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED.  
2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN  
THE COLUMN LABELED 'ANT.(%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT  
FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%)  
ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN  
THE 'CLASS' TEXTS. 5-THE SCHEDULE OF EVALUATIONS WILL BE CONCURRENT  
WITH SIX WEEK REPORTING PERIODS. at least annually

EVALUATION METHODS: 1-BRIGANCE, 2-C.L.A.S.S., 3-OBSERVATIONS, 4-DAILY RECORDS.  
5-WORK SAMPLES, 6-OTHER: report cards

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT.(%) MASTERY	EVAL. METHOD	FINAL (%)ACH.	COMP. DATE
----------------	-------------------------	---------------	--------------------	-----------------	------------------	---------------

## ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE  
PROGRESS TOWARDS TASK COMPLETION.

PH9 MAINTAINS PASSING GRADES  
IN MAINSTREAMED CLASSES.

8/99 70 6 5/2000

## ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE  
PROGRESS TOWARDS IMPROVING WORK HABITS.

FL1 GATHERS NECESSARY  
MATERIALS.

8/99 90 3,4 5/2000

## ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE  
PROGRESS TOWARDS FOLLOWING DIRECTIONS.

INITIATES TASK UPON  
TEACHER DIRECTION.

8/99 90 3,4 5/2000

R-2



MINED BY ARD COMMITTEE

454-71-3620

S.S. NUMBER

SCHOOL YEAR 99 - 2000

**NO**

## SUBJECTS

7/98  
ARD-3

E. INSTRUCTIONAL MODIFICATIONS/ADAPTATIONS

NAME OF STUDENT RAMIREZ, JOHN

S.S. NUMBER 454-71-3620

SCHOOL YEAR 99 - 2000

SUBJECTS

*English*  
*Math*  
*Science*  
*History*  
*Art*  
*Physical Education*  
*Spanish*

ADAPT MATERIALS BY PROVIDING:

Peer to read materials									
Highlighted materials for emphasis									
Altered format of materials									
Study aids/manipulatives									
ESL materials									
Large print materials									
Braille materials									
Color transparencies									
Other:									
Other:									

MANAGE BEHAVIOR BY PROVIDING:

Clearly defined limits	✓	✓	✓	✓	✓	✓	✓	✓	✓
Frequent reminders of rules	✓	✓	✓	✓	✓	✓	✓	✓	✓
Positive reinforcement	✓	✓	✓	✓	✓	✓	✓	✓	✓
Frequent eye contact/proximity control									
Frequent breaks									
Private discussion regarding behavior	✓	✓	✓	✓	✓	✓	✓	✓	✓
In-class timeout									
Opportunity to help teacher									
Seat near the teacher									
Supervision during transition activities									
Implementation of behavior contract									
Other:									

ASSISTIVE TECHNOLOGY DEVICES OR SERVICES:

☐ YES ☒ NO Assistive technology devices or services needed. If yes, indicate needs below.

Calculators									
Word processors									
Augmentative communication devices									
Interpreter									
Decoders for TV and films									
Access to equipment:									
Training/technical assistance for student and/or family:									
Training/technical assistance for professionals, employers, etc.									
Other:									

☐ allow oral response ☐ use interpreter ☐ use braille or large print ☐ individual administration

Note: Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.

**F. Assessments**

Criterion referenced assessment (TAAS)<sup>1</sup>:

- |   |                             |   |  |
|---|-----------------------------|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | will take Reading.  | If no, alternative assessment to be given: _____ |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | will take Mathematics.  | If no, alternative assessment to be given: _____ |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A will take Writing.        | If no, alternative assessment to be given: _____ |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A will take Social Studies. | If no, alternative assessment to be given: _____ |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A will take Science.        | If no, alternative assessment to be given: _____ |

Modifications as defined in test administration materials: \_\_\_\_\_

☐ TAAS not offered for this student's grade placement

End-of-Course Examinations<sup>2</sup>:

- |   |                             |   |  |
|---|-----------------------------|---|--|
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A will take Algebra I.    | If no, alternative assessment to be given: _____ |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A will take Biology I.               | If no, alternative assessment to be given: _____ |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A will take U.S. History. | If no, alternative assessment to be given: _____ |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A will take English II.              | If no, alternative assessment to be given: _____ |

Modifications as defined in test administration materials: \_\_\_\_\_

Districtwide Assessments:

- ☐ Yes ☐ No will take Districtwide assessments. If no, alternative assessment to be given: \_\_\_\_\_

Modifications as defined in test administration materials: \_\_\_\_\_

Texas Primary Reading Inventory (K - 3): *N/A*

- ☐ Yes ☐ No will take TPRI. Modifications as defined in test administration materials: \_\_\_\_\_

If the student is exempted from the administration of any assessment instrument above, it is because:

- \_\_\_\_ a. The student's individualized education program does not include instruction in the essential knowledge and skills at any grade level.  
OR  
\_\_\_\_ b. The assessment instrument, even with allowable modifications, would not provide an appropriate measure of the student's achievement as determined by the student's ARD committee.

Transition Planning by age 14:

- ☒ The ARD supplement, *Transition Statement*, is attached. It is required for all students beginning by age 14 and required to be updated annually.

<sup>1</sup> Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternative measures of accountability.

<sup>2</sup> The only students not required to test are students receiving content modifications resulting in an "S" on the transcript, as stated in test administration materials. These materials also provide information about testing those students for local purposes.



# G. SERVICE ALTERNATIVES

Identify special education alternatives and supplementary aids and services provided, tried, or considered. Place the key letter (p, t, c) in the space next to all that apply:

- |  |  |
|--|--|
| 1. <input checked="" type="checkbox"/> General education classroom   | 9. <input type="checkbox"/> Alternative education program  |
| 2. <input checked="" type="checkbox"/> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs) | 10. <input type="checkbox"/> Assistive technology (e.g., communication devices, slant top table) |
| 3. <input type="checkbox"/> Special education supplementary aids and services  | 11. <input type="checkbox"/> Resource classroom  |
| 4. <input type="checkbox"/> Title 1 Part A/Accelerated instruction   | 12. <input type="checkbox"/> Self-contained classroom  |
| 5. <input type="checkbox"/> Tutorials/academic remediation   | 13. <input type="checkbox"/> Separate special education campus                                   |
| 6. <input type="checkbox"/> English as a Second Language (ESL)   | 14. <input type="checkbox"/> Nonpublic day school placement                                      |
| 7. <input type="checkbox"/> Bilingual classes  | 15. <input type="checkbox"/> Residential placement **  |
| 8. <input type="checkbox"/> Pre-K program  | 16. <input checked="" type="checkbox"/> Content Mastery  |
|  | 17. <input checked="" type="checkbox"/> Counseling Services                                      |
|  | 18. <input type="checkbox"/> Behavioral Specialist/Contracts                                     |
|  | 19. <input type="checkbox"/> Other: _____  |

Item	Results of Efforts	If efforts not successful, provide reason(s)
1, 2, 16	Passed all classes 1st 9 wks., failed English, PERFORM, Hom. inattentive	Incomplete assignments
	2nd 9 wks.	
16	Attends CMC regularly for US History	

Yes ☐ No ☐ N/A ☐ \*\*Parents of students who meet eligibility criteria for visual or auditory impairments or deaf/blindness have been given written information, within the past year, about programs offered by the Texas School for the Blind and Visually Impaired or the Texas School for the Deaf, including eligibility and admissions requirements and the rights of students related to admission.

## CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT

1. Complete either a or b:

- a. ☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in the general education setting. Go to Consideration of Harmful Effects, ARD-7.
- b. ☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part or all of instruction and services in a special education instructional setting. Complete either (1) or (2) and (3) below:

### (1) Removal From General Education Classroom

- ☐ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☐ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan would not permit other students to benefit satisfactorily from academic instruction or nonacademic activities.
- ☒ The student needs the following support services to benefit from the general education program: Content Mastery
- ☐ Other: \_\_\_\_\_

RAMIREZ, JOHN

## (2) Removal From General Education Campus (to a Separate Campus)

- ☐ Services and/or therapies in the student's IEP cannot be provided on the general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and within a closed environment.
- ☐ The student had a previously unsuccessful placement on a general campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

## (3) Opportunity to Participate

In removing the student from the general education classroom or general education campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities? ☒ Yes ☐ No

If No, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Meals                   | <input type="checkbox"/> Yearbook/newspaper   | <input type="checkbox"/> General education routines (homeroom |
| <input type="checkbox"/> Field trips             | <input type="checkbox"/> Recess periods       | assignments, lockers, study hall                              |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate  | class changes, social)  |
| <input type="checkbox"/> Regular transportation  | <input type="checkbox"/> Assemblies           | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Sports/cheerleading     | <input type="checkbox"/> Band                 | _____   |
| <input type="checkbox"/> Student council         | <input type="checkbox"/> Graduation exercises | <input type="checkbox"/> Other: _____                         |
|  |   | _____   |

If any of the above items are checked, explain why this student is unable to participate: \_\_\_\_\_

## 2. Consideration of Potential Harmful Effects (Complete this section for all students.)

In removing the student from the general education classroom or general education campus, place a check to indicate below the potential harmful effects on the student or on the quality of services which the student needs.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> None anticipated  | <input type="checkbox"/> Diminished access to full range of curriculum |
| <input type="checkbox"/> Lack of opportunity for appropriate role models                                      | <input type="checkbox"/> Lack of opportunity for social interaction    |
| <input type="checkbox"/> Stigmatization   | <input type="checkbox"/> Decreased student self-esteem                 |
| <input type="checkbox"/> Decreased access to the instructional opportunities available in integrated settings | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Isolation from peers   | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Other: _____   |  |
| <input type="checkbox"/> Other: _____   |  |
| <input type="checkbox"/> Other: _____   |  |



RAMIREZ STUDENT'S LAST NAME				JOHN		H		06-29-984	
I. SCHEDULE OF SERVICES				FIRST		MI		DOB	
Year: 99-2000 Semester: 1				ss# 454-71-3620					

Course/ Curriculum Area	Funct./ Grade Level	GEN ED			Spec Ed Time	Progr./Grade Determined by	
		Mod Y N	Time	Gen Ed		Sp Ed	
English 2		✓		90		✓	
Algebra 2	8	✓		90		✓	
W. Heng		✓		90		✓	
Health/Speech		✓		90		✓	
CNC at least 30 min. / wk.							
Vocational Education REG CVAE VEH							
VAC							
TOTAL MIN PER DAY				360			

Related/Other Services	Time	D*	C*	M*	Location of Services
Auditory Hdcp Srvs					
Counseling					
Health Srvs					
Music Therapy					
Occupational Therapy					
Orientation & Mobility					
Physical Therapy					
Speech Services					
Vision Services					

☐ Yes ☒ No Special Transportation

If yes, cite justification:

EYS: ☐ Yes ☒ No If yes, see attached supplement.

OT PT SP IN

Parents will be notified of student progress by:

☒ Regular report card ☐ IEP report card

☐ Parent/Teacher Conference

☐ Portfolio

Other:

Year: Semester: 1							
Course/ Curriculum Area	Funct./ Grade Level	GEN ED			Spec Ed Time	Progr./Grade Determined by	
		Mod Y N	Time	Gen Ed		Sp Ed	
Spanish I		✓		90		✓	
Biology		✓		90		✓	
Health/Speech		✓		90		✓	
PE-Jack		✓		90		✓	
CNC at least 30 min. / wk.							
JCC		✓		90		✓	
Vocational Education REG CVAE VEH							
VAC							
TOTAL MIN PER DAY				360			

Criterion referenced assessment (TAAS/TBS):			
<input checked="" type="checkbox"/> Will take Mathematics	<input checked="" type="checkbox"/> Will take Reading		
<input checked="" type="checkbox"/> Will take Writing	<input type="checkbox"/> Not offered for this student's grade placement		
<input type="checkbox"/> Will take Social Studies	<input type="checkbox"/> Exempt in all areas		
<input type="checkbox"/> Will take Science			
Comments: Will take TAAS			
Referral Date:		Data by: T. Boyd	
Medical Date:		Test Date:	
IQ Test		Test:	
V	P	FS	
Ach. Test	Test:		
R	SS	GE	
RC	SS	GE	
WL	SS	GE	
SS No 54713620		Inst. Arr. Code: 03	
Diam. Code:		Date:	
ARD Date: 1/15/99		Type: R	
Placement School:		Home School: 004	
not 12/10/98		Disability Code(s): LD/AD/	
*D - Direct C - Consult M - Monitor			
8-10-99/5-24-00			

J. PLACEMENT DETERMINATION

The committee determined that services will be provided at:

Moody H.S.  
NAME OF SCHOOL CAMPUS

Check appropriate instructional arrangement\* (PEIMS CODE)

- ☒ Speech Therapy (11)
- ☐ Homebound (01)
- ☐ Hospital Class (02)
- ☒ Resource Room (03)
- ☐ State School for the Mentally retarded (30)
- ☐ Residential Care & Treatment Facility (35)
- ☐ S/C Mild/Moderate, Reg. Campus (04)
- ☐ S/C, Severe Reg. Campus (05)
- ☐ Off Home Campus (20)
- ☐ VAC (08)
- ☐ Mainstream (40)

☒ Yes ☐ No This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ Yes ☐ No This is the campus which is as close as possible to the student's home. If NO, justify:

K. ASSURANCES

See \*The ARD committee assures that the student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

See \*The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or to their parents as part of the general education program may be charged (e.g., art or laboratory fees).

Required at least one year prior to the student reaching the age of majority (18):

☐ The student has been informed of his/her rights that will transfer to him/her on reaching the age of majority (18).

NOTE: INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

<input type="checkbox"/> Visually/Auditorially Handicapped	<input type="checkbox"/> Extended-Year Services	<input type="checkbox"/> Autistic
<input type="checkbox"/> Regional Day School for the Deaf	<input type="checkbox"/> Behavior Management Plan	<input checked="" type="checkbox"/> Minutes Page
<input type="checkbox"/> Day/Residential Placement and	<input type="checkbox"/> Health Care Plan	<input type="checkbox"/> Notice of Refusal
<input type="checkbox"/> On-Site Visit Report	<input type="checkbox"/> Medically Fragile	<input checked="" type="checkbox"/> Transition Services
<input type="checkbox"/> Graduation	<input type="checkbox"/> Vocational	<input type="checkbox"/> Other

\* Enter instructional arrangement that meets requirements listed in the *Student Attendance Accounting Handbook*.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
Corpus Christi, Texas

ARD/IEP SUPPLEMENT  
TRANSITION SERVICES

RAMIREZ, JOHN

NAME OF STUDENT

1/15/99

DATE OF ARD MEETING

Statement of needed transition services: The coordinated set of activities must be based on the individual student's needs, taking into account the student's preferences and interests, and include needed activities in the areas of instruction, community experiences, employment and other post-school adult living objectives, and if appropriate, acquisition of daily living skills and a functional vocational evaluation. If the student is leaving the school setting, include, if appropriate, a statement of each public agency's and each participating agency's responsibilities or linkages, or both. If it is determined those services are not needed for one or more of these areas then include a statement to that effect and the basis upon which the determination was made.

instruction *Instruction for '99-'00 will be in modified general ed. classes.*

community experiences

*Able to access all community services.*

development of employment objectives

*Plans to be an electrician; will learn beginning skills by taking ICCI introduction to construction careers.*

other post-school adult living objectives

*Plans to get driver's license; will register to vote and for selection service at age 18.*

acquisition of daily living skills, if appropriate

*Will take health during '99-'00 school yr.*

functional vocational evaluation, if appropriate

Related services, if appropriate

*Does not receive related services.*

Attendance: The student will be invited. If the student does not attend the ARD committee meeting, what steps were taken to ensure that the student's preferences and interests were considered? Also invite a representative of any other agency that is likely to be responsible for providing or paying for transition services. If an agency invited to send a representative to a meeting did not do so, what steps were taken to obtain the participation of the other agency in the planning of any transition services?

If a participating agency fails to provide agreed upon transition services contained in the IEP, the public agency responsible for the student's education will initiate a meeting as soon as possible for the purposes of identifying alternative strategies to meet the transition objectives and, if necessary, revise the student's IEP.

10/10/98

10/15/99

7/98  
ARDSPTS

Original: Parent

Copy: Eligibility Folder

Copy: School

Copy: Psychological Services



Page 1 of 1

ARD MINUTES

Student's Name: RAMIREZ, JOHN D.O.B. 6-29-84 Date: 1/15/99 Recorder: K. Boyd

ARD Committee Members: See signature page.

ITP- Transition Plan was discussed. John plans to be an electrician after he graduates. He will take intro. to construction careers in '99-'00 followed by electrical trades as a junior.

Assessment 1/15/98 Eligibility- Learning disability - Other Health  
Medical - 10/24/95 Impairment

Graduation Plan - Option I student; anticipated graduation 5/02

IEP- Current progress was discussed. Although he is failing English I and geometry, his teachers agree he is very capable of passing these classes. He will continue in modified general ed. classes for '99-'00.

TABS- Will take all parts of exit-level TABS.

Related Services - none

EYS, Assistive Technology - not needed.

Scanned Jun 18, 2013

## L. SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

MEMBERS	SIGNATURE AND TITLE	SP. ED.	POSITION	AGREE	DISAGREE
			Parent(s)/Adult Student		
	<i>Alan D. Eekan</i>		Administration	✓	
			Instruction	✓	
			Instruction/Speech		
			Assessment <sup>1</sup>		
OTHER PARTICIPANTS					
	<i>John Boyd</i>	✓	Representative of LPAC <sup>2</sup>		
	<i>Leo Dargatz</i>	✓	Consultant/Chairperson	✓	
			Vocational	✓	
			Visual/Auditory		
			Counselor		
	<i>John Boyd</i>		student	✓	

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than ten (10) school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach a mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or to others, or if the student has committed an expellable offense. The committee will reconvene on \_\_\_\_\_ at \_\_\_\_\_<sup>3</sup>

Date Place and Time

Information explaining why mutual agreement has not been reached must be noted in the ARD minutes. Participants may attach statements of agreement, disagreement, or clarification to the ARD minutes.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been given to

Parent by *A. Boyd* on *12/10/98*  
If you have questions regarding these safeguards, please feel free to call 994-3500.

<sup>1</sup>Assessment personnel are required when assessment issues are included in the ARD committee's deliberations.

<sup>2</sup>LPAC representative is required at the ARD of any student who is limited English proficient.

<sup>3</sup>Include documentation concerning the reconvened ARD committee meeting.



**CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT**  
**Individualized Transition Plan**

Student RAMIREZ, JOHN H I.D.# \_\_\_\_\_ Meeting Date 1/15/99  
 DOB 06-29-84 Projected Graduation Date 5/2008  
 S.S.# 454-71-3620 Disabilities LD/OHI  
 School MOODY HIGH SCHOOL Parents Priscilla Martinez  
 Annual Review Updates: \_\_\_\_\_

ADDRESS AREAS BELOW AS THEY RELATE TO DESIRED POSTGRADUATION OUTCOMES (Based on Student Expectations)  
 (Check as appropriate)

**1. INTEGRATED EMPLOYMENT**

- ☒ 1.1 Without support  
☐ 1.2 With time limited support  
☐ 1.3 With long term support  
☐ 1.4 Supported employment (enclave or mobile work crew)  
☐ 1.5 Other \_\_\_\_\_

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☒ YES ☐ NO

If yes, specify on page 2.

**2. INDEPENDENT LIVING**

- ☒ 2.1 Independent living - no support  
☐ 2.2 With family or relative  
☐ 2.3 With roommate  
☐ 2.4 Supervised living  
☐ 2.5 Group home  
☐ 2.6 ICF-MR facility  
☐ 2.7 Other \_\_\_\_\_

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☒ YES ☐ NO

If yes, specify on pages 2, 3.

**3. RECREATION/LEISURE/COMMUNITY PARTICIPATION**

- ☒ 3.1 Independent  
☒ 3.2 Family supported  
☐ 3.3 Specialized recreation for persons with disabilities  
☐ 3.4 Community parks and recreation programs  
☐ 3.5 Local clubs  
☐ 3.6 Church groups  
☐ 3.7 Day programs  
☐ 3.8 Other \_\_\_\_\_

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 3.

**4. POST-SECONDARY EDUCATION/VOCATIONAL TRAINING**

- ☐ 4.1 University  
☐ 4.2 Community college  
☐ 4.3 Proprietary (private) school  
☐ 4.4 Trade/Technical school  
☐ 4.5 Military  
☐ 4.6 Continuing/Adult Education

**4. POST-SECONDARY EDUCATION (Continued)**

- ☐ 4.7 Apprenticeships  
☒ 4.8 None  
☐ 4.9 Other Employment (electrical)  
 ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☒ YES ☐ NO  
 If yes, specify on page 3.

**5. TRANSPORTATION**

- ☒ 5.1 Independent  
☐ 5.2 Public transportation  
☐ 5.3 Specialized transportation  
☐ 5.4 Family transports  
☐ 5.5 Car pools  
☐ 5.6 Other \_\_\_\_\_

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 4.

**6. ADULT SERVICES**

- ☐ 6.1 SSI  
☐ 6.2 Public assistance (food stamps, AFDC, etc.)  
☐ 6.3 Insurance/Medicaid  
☐ 6.4 Assistive/Adaptive devices  
☐ 6.5 OT/PT  
☐ 6.6 Vision/Hearing/Speech  
☐ 6.7 Medical supervision and scheduling  
☐ 6.8 Other \_\_\_\_\_

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 4.

**7. OTHER IMPORTANT LIFE CONSIDERATIONS**

- ☐ 7.1 Guardianship  
☐ 7.2 Family planning  
☐ 7.3 Counseling/support services  
☒ 7.4 Respite services  
☒ 7.5 Voter registration  
☒ 7.6 Selective Service registration  
☐ 7.7 Other \_\_\_\_\_

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 4.

## ИТР-2

Date 1/15/99

Results:  
A - Accomplished  
C - Continue  
D - Discontinue

## itppage2.DD

[illegible]

## Individual Transition Plan

Student **RAMIREZ, JOHN**

Date \_\_\_\_\_

1/15/99

ИТР-3

## INDEPENDENT LIVING (Continued)

Provide support services necessary to maintain residential placement

**Specify:**

**Provide student with instruction and supports necessary to meet independent living outcomes**

**Specify:**

**Other**

3. RECREATION/LEISURE/COMMUNITY PARTICIPATION

**Y** Encourage participation in school related clubs and activities

**Provide opportunities to participate in a variety of recreation/leisure activities**

Provide information/brochures on local clubs, specialized recreation programs, and summer camps

**Specify:**

**Enroll and support student as needed in recreation/leisure choices**

**Specify:**

**Provide student with instruction and supports necessary to meet recreational/leisure outcomes**

**Specify:**

Other Freshman Council  
Bowling team

☒ POST-SECONDARY EDUCATION/VOCATIONAL TRAINING

Provide student with academic instruction and supports necessary for graduation requirements . . . . .

Contact school counselor for information regarding specific colleges . . . . .

Contact college or university concerning special services and accommodations

Obtain information on various tech schools

### Contact military recruiter

Provide information regarding continuing/adult education classes . . . . .

Complete applications and other paperwork necessary for post-secondary school admission

Complete college entrance exams

Other

[illegible]



ГТР-4

Date \_\_\_\_\_

1/15/99

5. **TRANSPORTATION**

☒ Complete driver's education

☒ Obtain driver's license

☐ Apply for Care B transportation

☐ Train student to utilize public transportation systems

☐ Arrange transportation to and from work site

☐ Other \_\_\_\_\_

- Discuss/provide phone number for SSI eligibility requirements .....
- Apply for SSI benefits .....
- Provide phone number for Department of Human Services assistance program .....
- Other financial considerations .....

- Apply for insurance/medicaid
- Discuss/provide information regarding OT/PT needs
- Assess student's need for assistive/adaptive devices
- Provide assistive/adaptive devices according to assessed needs
- Discuss/provide information regarding needs as related to vision, hearing, and speech
- Provide training for self-medication or monitor administration of medication
- Assist with scheduling of medical and dental appointments
- Other medical/physical concerns

**7. OTHER IMPORTANT LIFE CONSIDERATIONS**

Discuss/provide information regarding:

- ☐ Guardianship
- ☐ Family planning
- ☐ Counseling/support services provided by various agencies

Specify: \_\_\_\_\_

- ☒ Respite services
- ☒ Voter registration
- ☒ Selective Service registration

Other \_\_\_\_\_

[illegible]

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT

STUDENT NAME: RAMIREZ, JOHN

TRANSITION PLANNING PARTICIPANTS

We, the undersigned, have provided input for the review/update of this ITP.

Student: John Ramirez Date: 1/15/09  
 Name: John Ramirez Teacher: Alan D. Baran  
 Title: Parent Name: Lee Loyola Title: Teacher  
 Persons invited who did not attend: Parent

We, the undersigned, have provided input for the review/update of this ITP.

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Title: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Persons invited who did not attend: \_\_\_\_\_

We, the undersigned, have provided input for the review/update of this ITP.

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Title: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Persons invited who did not attend: \_\_\_\_\_

We, the undersigned, have provided input for the review/update of the ITP.

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Title: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Persons invited who did not attend: \_\_\_\_\_

If an agency that was invited to send a representative did not do so, what steps were taken to obtain the participation of the agency in the planning of transition services?



DATE SENT/MAILED

12-10-98

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
CORPUS CHRISTI, TEXAS  
OFFICE OF SPECIAL EDUCATION

## NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

RE: STUDENT

John Ramirez

SCHOOL

Moody High School

## INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss your educational programming or that of your child. We encourage you to attend this meeting, as your involvement is an important part of your/your child's education.

DATE: 1-15

TIME: 2:15

PLACE: Moody High School

ROOM

314

Check (✓) all appropriate spaces:

The Purpose of this meeting is to:

- ☐ Initiate special education services if your child meets eligibility criteria  
☒ Review your child's program (including results of any new evaluations)  
☐ Review Assessment  
☐ Discuss the need for new assessment  
☐ Discuss transfer of rights at age of majority  
☐ Other (Specify):

- ☐ Develop/review transition needs/Individual Transition Plan (ITP) \*\*  
☒ Develop and/or review the Individual Educational Plan (IEP) for your child  
☒ Consider extended year services  
☐ Discuss placement  
☐ Discuss, at your request, any educational or related service not proposed above

This action is proposed because:

Annual ARD to discuss classes for 99-2000 school year

Options considered before convening this meeting:

- ☒ Extra Time for Work Completion  
☐ Add/Drop Related Services  
☐ Compensatory Education  
☐ Parent Conferences  
☐ Change Modifications  
☐ Increase/Decrease Special Education Time  
☒ General Education

- ☐ Preferential Seating  
☐ Oral Tests  
☐ Counseling  
☐ ISS  
☐ Bilingual/ESL  
☐ 504 Programs

- ☐ Behavior Management Strategies  
☐ Modified or Shortened Assignments  
☐ Add Vocational Classes  
☐ Continue Current Program  
☐ Tutoring  
☐ Other

COMMENTS:

## \*\* TRANSITION SERVICES

The purpose of this meeting is to review the individual transition plan (ITP) and consider transition services in accordance with 19 TAC §§9.1110 and 34 CFR 300.346(b)(1-2).

☒ The district will invite the student to this meeting.

The following agencies have been invited to send a representative to this meeting:

- ☐  
☐  
☐  
☐

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request describe if applicable).

Check (✓) all appropriate boxes.

The following persons have been asked to attend the meeting:

- ☒ Parent/Guardian/Surrogate Parent/Adult Student  
☒ Instructional Representative  
☒ School Administrator  
☐ Adult Service Agency Representative  
☐ Special Education Assessment Staff  
☐ Other (list):

- ☐ Speech Pathologist  
☐ Counselor  
☒ Student \*\*  
☐ LPAC Representative  
☒ Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- ☒ Comprehensive Individual Assessment\* (e.g., language, physical, emotional/behavioral, sociological intellectual, educational performance)  
☒ School Permanent Records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports)  
☒ Classroom Observation Reports/Teacher Reports  
☒ Independent Evaluation Reports  
☒ Parent Information  
☒ Individual Transition Plan (ITP) \*\*  
☐ Other (list):

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been sent to Karen Boyd on 12-10-98 by Guadalupe Alvarado.

FOR SCHOOL USE ONLY

Copy: Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special) form and file in eligibility folder. Reminder was sent on \_\_\_\_\_ by \_\_\_\_\_ Telephone call made on \_\_\_\_\_ by \_\_\_\_\_

You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

DETACH HERE

CRISTO INDEPENDENT SCHOOL DISTRICT  
Corpus Christi, Texas

### Temporary ARD/IEP Committee Report for Transfer Students

1. Date of Meeting: 8-21-95 ARD Notification Date: 8-18-95
2. Student: Ramirez John H DOB: 06/29/84 ID #: 9665114 Sex: M F Grade 06  
(Last) (First) (MI)
3. Parent(s): Guadalupe Alejandro Phone #: 882-1138 School: Wynn Scale # 053
4. Address: 1624 18th Street 784 15 Ethnic/Racial: A B ☒ OT Lang: E S B OT  
Permanent ARD cannot be held because of insufficient information from: Westoso ISD or  
Other \_\_\_\_\_ (previous school)
6. Admission to special education is based on:  
a. ☒ Parent verification that student is handicapped and was receiving special education services in the  
previous school district.  
b. ☐ Previous school district verification of special education eligibility.
7. School Placement: Wynn Scale AFA Instructional Arrangement: 03 Handicapping Condition: 1) SH 2) LD

Subject/Arts	Regular Education	Regular Modified Ed.	Special Ed.	Beginning Date
English		<input checked="" type="checkbox"/>		8-21-95
Math		<input checked="" type="checkbox"/>		
Reading		<input checked="" type="checkbox"/>		
Science		<input checked="" type="checkbox"/>	CMC	
Soc. Studies		<input checked="" type="checkbox"/>	at least	
PE/Enrichment		<input checked="" type="checkbox"/>	30 min.	
Fine Arts		<input checked="" type="checkbox"/>	weekly	

Related Services			
Speech	15 min. weekly		

Position	Signature	Adm. (✓)	Disagree (✓)
Parent	<u>Guadalupe Alejandro</u>		
Administration/LPAC	<u>Blaise Chapa</u>	<input checked="" type="checkbox"/>	
Instruction	<u>Mr. Diane Duran</u>	<input checked="" type="checkbox"/>	
Special Education			
Assessment*			
Counselor			
Related Services Rep.			
Voc. Teacher/Other**			

\*when assessment data are considered

\*\*when vocational programs are considered

8. ☒ Special Education: Parent and Student Rights booklet given (receipt attached).  
☒ Parent Permission for Exchange of Information completed.

NOTES: If a committee member disagrees with the decisions reflected in this report, he/she may submit a separate statement presenting reasons for disagreement.

SEND TWO COPIES OF TEMPORARY ARD, NOTICE OF ARD, CONSENT FOR EXCHANGE OF INFORMATION, AND RECEIPT FOR RIGHTS BOOKLET TO THE ASSOCIATE PSYCHOLOGIST/EDUCATIONAL DIAGNOSTICIAN ASSIGNED TO SCHOOL.

dg An ARD meeting will be held within 30 school days to develop an IEP based on valid assessment data.  
8/17/94

## RECEIPT FOR RIGHTS BOOKLET

NAME OF STUDENT John Ramirez

DATE OF BIRTH 06/29/84 SCHOOL Wynn State AFA

This is to verify that I have received a copy of *Special Education: Parent and Student Rights, 1991*, which informs me of my rights throughout the child-centered educational process. These rights have been explained to me by

D. Trevino Teacher  
Name Position

on 8/21/95  
Date

I understand that my rights include the right to receive:

- (1) this and all other written notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or in braille as appropriate, and
- (2) answers from school personnel to additional questions I may have.

My signature below indicates that I received the booklet and understand its contents.

Guadalupe Alvarado  
SIGNATURE OF PARENT, SURROGATE PARENT, GUARDIAN, OR ADULT STUDENT

DATE SIGNED 8/21/95

SIGNATURE OF INTERPRETER, IF USED

8/21/95  
DATE



CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
Corpus Christi, Texas  
Special Education  
Psychological Services

Consent for Exchange of Confidential Information

Name of Student: John Ramirez DOB: 06/29/84 School: Wynn Seale

I, Guadalupe Aljara, the parent/legal guardian of the above named student, authorize West OSO ISD

(Name of individual agency)

8050 Rockford  
Corpus Christi, TX 78416

(Address of individual agency)

to exchange the information indicated below with:

ATTENTION: CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
JANIE C. DE LA CRUZ Office of Psychological Services  
1530 Airline Road  
Corpus Christi, Texas 78412

The following information should be sent from my child's records (check all that apply):

- ☒ Current Admission, Review, and Dismissal Committee Report/Individual  
☒ Educational Plan (ARD/IEP)  
☒ Reports of Intelligence, Achievement, and/or Personality Assessment  
☒ Reports of Speech and Language Assessment  
☒ Sociological/Family Background Information  
☒ Medical/Health History  
☒ Medical Assessments  
☒ General Medical ☐ Orthopedic ☐ Neurological  
☐ Otological ☐ Audiometric ☐ Ophthalmological  
☐ Other: \_\_\_\_\_  
☐ Physical Therapy Evaluation ☒ Progress Notes  
☐ Occupational Therapy Evaluation ☒ Counseling Report  
☐ Other: \_\_\_\_\_ ☐ Treatment Plans

The purpose or need for such disclosure is to aid in providing  
for special education

This consent for exchange of information may be revoked by me at any time; however, such revocation will not affect action already taken as a result of this consent. This consent (unless expressly revoked earlier) expires on:

5/24/96  
(Specify date, event, or condition upon which it will expire)

I understand that the confidentiality of the released information will be respected. I understand that I may contact J. Delacruz

at 990-3528 for further information or clarification of this release.  
Telephone Number

Guadalupe Aljara  
Signature of Parent/Legal Guardian

8/21/95  
Date

DATE SENT/MAILED

8-18-95

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
CORPUS CHRISTI, TEXAS  
OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

The ARD committee meeting for John Ramirez is scheduled for  
(date) 8-21-95 (time) 8:00 (place) Wynn Seale (room) ARD Room

Check (X) all appropriate spaces:

The Purpose of this meeting is to <input checked="" type="checkbox"/> Initiate <input type="checkbox"/> Change <input type="checkbox"/> Review or Discuss issues concerning:			
<input type="checkbox"/> Individual Transition Plan	<input type="checkbox"/> Extended Year Services	<input type="checkbox"/> Identification	<input checked="" type="checkbox"/> Placement
<input type="checkbox"/> Student Progress	<input type="checkbox"/> Discipline	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Program (IEP)
		<input type="checkbox"/> Other	<input type="checkbox"/> Evaluation
This action is proposed because: <u>student moved into district</u>			
Options considered before proposing to take this action:			
<input type="checkbox"/> Extra Time for Work Completion	<input checked="" type="checkbox"/> Preferential Seating	<input type="checkbox"/> Behavior Management Strategies	
<input type="checkbox"/> Add/Drop Related Services	<input type="checkbox"/> Oral Tests	<input checked="" type="checkbox"/> Modified or Shortened Assignments	
<input type="checkbox"/> Compensatory Programs	<input type="checkbox"/> Counseling	<input type="checkbox"/> Add Vocational Classes	
<input type="checkbox"/> Parent Conferences	<input type="checkbox"/> ISS	<input type="checkbox"/> Continue Current Program	
<input checked="" type="checkbox"/> Change Modifications	<input type="checkbox"/> Other	<input type="checkbox"/> Tutoring	
<input type="checkbox"/> Increase/Decrease Special Education Time		<input type="checkbox"/> Other	

The Provision of any educational or related service not proposed for discussion in this notice will be discussed at your request.

Check (X) all appropriate boxes.

<p>The following persons have been asked to attend the meeting:</p> <p><input checked="" type="checkbox"/> Parent/Guardian/Surrogate Parent</p> <p><input type="checkbox"/> Vocational Representative</p> <p><input checked="" type="checkbox"/> Instructional Representative</p> <p><input checked="" type="checkbox"/> School Administrator</p> <p><input checked="" type="checkbox"/> Special Education Representative</p> <p><input type="checkbox"/> Adult Services Agency Representative</p> <p><input type="checkbox"/> Special Education Assessment Staff</p> <p><input type="checkbox"/> Other</p>	<p>The following evaluation procedures, tests, records or reports will be reviewed and discussed:</p> <p><input checked="" type="checkbox"/> Comprehensive Individual Assessment</p> <p><input checked="" type="checkbox"/> School Permanent Records</p> <p><input type="checkbox"/> Classroom Observation Reports/Teacher Reports</p> <p><input checked="" type="checkbox"/> Independent Evaluation Reports</p> <p><input checked="" type="checkbox"/> Parent Information</p> <p><input type="checkbox"/> Other</p>
---	--

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when you received the current copy of the booklet, Special Education: Parent and Student Rights. Please refer to page vi of this booklet for information on procedural safeguards.

<p>The following should be completed by the parent, guardian, surrogate parent, or adult student. Please (X) to show your response to our invitation to attend the meeting.</p> <p><input checked="" type="checkbox"/> I will be able to attend the meeting as scheduled.</p> <p><input type="checkbox"/> I want to attend the meeting but cannot come when the meeting is planned. Please contact me to reschedule.</p> <p><input type="checkbox"/> I will call the school to reschedule the meeting.</p> <p><input type="checkbox"/> I do not wish to attend the meeting; please have the meeting without me.</p> <p><input checked="" type="checkbox"/> I agree to waive my right to a five-day interval between the date of this notice and the ARD meeting.</p>	
<p>Signature of Parent, Guardian, Surrogate Parent or Adult Student</p> <p><u>[Signature]</u></p>	<p>Date</p> <p>_____</p>
<p>Signature of Interpreter, if used</p> <p><u>[Signature]</u></p>	<p>Date</p> <p>_____</p>

You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

PLEASE RETURN THIS FORM TO D. Treviño (117) AS SOON AS POSSIBLE.  
SCHOOL STAFF PERSON

FOR SCHOOL USE ONLY

White Copy: Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special Review) form and file in eligibility folder. Reminder was sent on \_\_\_\_\_ by \_\_\_\_\_ Telephone call made on \_\_\_\_\_ by \_\_\_\_\_

Comments:



DATE SENT/MAILED

9-22-95

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
CORPUS CHRISTI, TEXAS  
OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

RE: STUDENT

John Ramirez

SCHOOL

Wynn Seale

INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss educational programming for your child. We encourage you to attend this meeting, as your involvement is an important part of your child's education.

DATE 9-29-95

TIME 8:30

PLACE

Wynn Seale

ROOM

114B

Check (✓) all appropriate spaces:

The Purpose of this meeting is to:

- ☐ Discuss, at your request, any educational or related service not proposed below
- ☐ Initiate special education services if your child meets eligibility criteria
- ☒ Review your child's program including results of any new evaluations
- ☒ Review Assessment
- ☐ Other (specify):

- ☐ Develop/review the Individual Transition Plan (ITP)
- ☒ Develop and/or review the Individual Educational Plan (IEP) for your child
- ☐ Consider extended year services
- ☒ Discuss placement

This action is proposed because:

Permanent ARD

Options considered before convening this meeting:

- ☐ Extra Time for Work Completion
- ☐ Add/Drop Related Services
- ☐ Compensatory Education
- ☐ Parent Conferences
- ☐ Change Modifications
- ☒ Increase/Decrease Special Education Time
- ☐ General Education

- ☐ Preferential Seating
- ☐ Oral Tests
- ☐ Counseling
- ☐ ISS
- ☐ Bilingual/ESL
- ☐ 504 Programs

- ☐ Behavior Management Strategies
- ☒ Modified or Shortened Assignments
- ☐ Add Vocational Classes
- ☒ Continue Current Program
- ☐ Tutoring
- ☐ Other

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request (describe if applicable).

Check (✓) all appropriate boxes.

The following persons have been asked to attend the meeting:

- ☒ Parent/Guardian/Surrogate Parent/Adult Student
- ☒ Instructional Representative
- ☒ School Administrator
- ☒ Special Education Representative
- ☐ Adult Service Agency Representative
- ☐ Special Education Assessment Staff
- ☐ Other (list):
- ☒ Speech Pathologist
- ☐ Counselor
- ☒ Student
- ☐ LPAC Representative
- ☐ Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- ☒ Comprehensive Individual Assessment (e.g., language, physical, emotional/behavioral, sociological intellectual, educational performance)
- ☒ School Permanent Records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports)
- ☒ Classroom Observation Reports/Teacher Reports
- ☐ Independent Evaluation Reports
- ☒ Parent Information
- ☐ Other (list):

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been sent to Ms. L. Gonzalez by Ms. L. Gonzalez on 9-22-95. If you have questions regarding these safeguards, please feel free to call 994-3500.

FOR SCHOOL USE ONLY

White Copy: Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special Review) form and file in eligibility folder. Reminder was sent on 9-28-95 by Ms. L. Gonzalez Telephone call made on 9-26-95 by Ms. L. Gonzalez

Ms. Guadalupe Alejandro said she will come to meeting.

9-28-95 - Guadalupe Alejandro will come to meeting.  
You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

DETACH HERE

-----DETAIL HERE-----  
AND RETURN TO YOUR CHILD'S SCHOOL

If you have any questions, please feel free to call the contact person below:

<u>D. Trevino</u> SCHOOL CONTACT PERSON	<u>Teacher 117</u> POSITION	<u>886-9359 Ext. 1</u> TELEPHONE
--	--------------------------------	-------------------------------------

Please check appropriate statement(s) below.

Re: John Ramirez  
Student

☒ I will attend the meeting as scheduled.  
☐ I would like to attend the meeting, but cannot do so at the time suggested; please contact me at \_\_\_\_\_ to reschedule.  
☐ I will not be able to attend the meeting; please have it without me. I wish to be notified of the results of the meeting.  
☐ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at \_\_\_\_\_ at the scheduled meeting time.  
☐ I waive the required five school day waiting period between Notice of the ARD Committee Meeting and the ARD Committee Meeting.

Comments:

<u>Luis Alejandro</u> Signature of Parent, Guardian, Surrogate Parent, or Adult Student	<u>9-27-95</u> Date
_____ Signature of Interpreter, if used	_____ Date

DATE SENT MAILED

11-28-95

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
CORPUS CHRISTI, TEXAS  
OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

RE: STUDENT

John Ramirez

SCHOOL Wynn Seale M.S.

INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss educational programming for your child. We encourage you to attend this meeting, as your involvement is an important part of your child's education.

DATE 12-6-95

TIME 11:00

PLACE Wynn Seale M.S.

ROOM

114B

Check (✓) all appropriate spaces:

The Purpose of this meeting is to:

- ☐ Discuss, at your request, any educational or related service not proposed below
- ☐ Initiate special education services if your child meets eligibility criteria
- ☒ Review your child's program (including results of any new evaluations)
- ☐ Review Assessment
- ☐ Other (specify):

- ☐ Develop/review the Individual Transition Plan (ITP)
- ☐ Develop and/or review the Individual Educational Plan (IEP) for your child
- ☐ Consider extended year services
- ☒ Discuss placement

This action is proposed because: to discuss two consecutive failing grades

Options considered before convening this meeting:

- ☐ Extra Time for Work Completion
- ☐ Add/Drop Related Services
- ☐ Compensatory Education
- ☐ Parent Conferences
- ☐ Change Modifications
- ☐ Increase/Decrease Special Education Time
- ☒ General Education
- ☐ Preferential Seating
- ☐ Oral Tests
- ☐ Counseling
- ☐ ISS
- ☐ Bilingual/ESL
- ☐ 504 Programs
- ☐ Behavior Management Strategies
- ☒ Modified or Shortened Assignments
- ☐ Add Vocational Classes
- ☐ Continue Current Program
- ☐ Tutoring
- ☐ Other

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request (describe if applicable).

Check (✓) all appropriate boxes:

The following persons have been asked to attend the meeting:

- ☒ Parent/Guardian/Surrogate Parent/Adult Student
- ☒ Instructional Representative
- ☒ School Administrator
- ☒ Special Education Representative
- ☐ Adult Service Agency Representative
- ☐ Special Education Assessment Staff
- ☐ Other (list):
- ☐ Speech Pathologist
- ☐ Counselor
- ☐ Student
- ☐ LPAC Representative
- ☐ Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- ☐ Comprehensive Individual Assessment\* (e.g., language, physical, emotional/behavioral, sociological intellectual, educational performance)
- ☒ School Permanent Records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports)
- ☒ Classroom Observation Reports/Teacher Reports
- ☐ Independent Evaluation Reports
- ☒ Parent Information
- ☐ Other (list):

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been sent to Mr. & Mrs. Alejandro by H.L. Gonzalez on 11-28-95. If you have questions regarding these safeguards, please feel free to call 994-3500.

FOR SCHOOL USE ONLY

White Copy: Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special Review) form and file in eligibility folder. Reminder was sent on 12-5-95 by student Telephone call made on 12-5-95 by

M.L.G. Mom said she couldn't come but to have meeting without her. We have her permission for meeting. You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

DETACH HERE



B2 B3 B4 B5 B6

Corpus Christi, Texas

( ) Spanish

COMPREHENSIVE INDIVIDUAL ASSESSMENT  
ELIGIBILITY REPORT: SPEECH HANDICAPPED  
PART I

( ) Initial - A

( ) 3 Yr. Review - R3

( ) Review - R1, R2

( ) Special Request

STUDENT John Ramirez SEX: M F DOB 6/29/86 ID# 9665114 GRADE 6<sup>th</sup>SCHOOL Wynn Seale HANDICAPPING CONDITION (1) LD (2) \_\_\_\_\_Professional Evaluator: Rossana Venencia SS# \_\_\_\_\_Referred by: [ ] Teacher [ ☒ ] Special Education [ ] Physician [ ] Other \_\_\_\_\_

## I. SOURCES OF DATA (formal and informal):

TEST	DATE	SCORES
GFTA	9/26/95	# of Errors: 0 PR:
WEISS		Artic Score: # of Errors:
HEJNA DAT		# of Errors:
TOLD P/TOLD I		SLQ: LIQ: SpQ: SeQ: SyQ:
PPVT - R	9/26/95	SSE: PR: Stanine: 4 AE: 9:10 (CA-V.2)
ROWPVT		AE: 16 SS: 89 PR: 23 Stanine:
EOWPVT-R		AE: SS: PR: Stanine:
THE WORD-R		Total Test: AE: PR: SS:
CELF-R		Rec. AE: SS: Exp. AE: SS: Total AE: SS:
PLS		AC Age: VA Age: LA: ACQ: VAQ: LQ:
TAPS		Auditory Quotient: PR: MLA:
TELD		Total Score: LQ: Percentile Score: LA:
NON-SPEECH TEST		Rec. AE: Exp. AE:
SSI		Total Score: PR:
COOPERS		Ave. Frequency of Stuttering: %
TONI A / B		TQ: PR:
SLOSSON		MAE: TSS: PR: NCE: Stanine:
LANG. SAMPLE		
INFORMAL ASSESS.	9/26/95	Fluency, voice & syntax are WNL.
Oral Periapical	9/26/95	Revealed a short frenum (tongue- tied). No frenectomy has been performed. He is able to produce all sounds. No articulation impairment is noted.



(use "S" if skill is a strength, "W" if skill is a weakness)

☐ Auditory Processing☐ Pre-verbal☐ Voice☐ Fluency☐ Receptive Language☐ Articulation☐ Expressive Language☒ Communication skills☐ YES ☒ NO

The student has a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects his/her educational performance.

## III. TYPE AND SEVERITY OF IMPAIRMENT:

<input type="checkbox"/> LANGUAGE <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	<input type="checkbox"/> ARTICULATION <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	<input type="checkbox"/> AUDITORY PROCESSING <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound
<input type="checkbox"/> FLUENCY <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	<input type="checkbox"/> VOICE <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	<input checked="" type="checkbox"/> NO DISORDER NOTED AT THIS TIME

☐ YES ☒ NO Based on the identified speech and language deficit, this student will have difficulty in mastering the essential elements at the appropriate level in the area(s) of:☐ listening☐ speaking☐ verbal language usage

## IV. RECOMMENDATIONS:

☐ Eligible for Speech Therapy☐ Continue Speech Therapy☒ Dismiss from Speech Therapy☐ Reevaluate☐ Not eligible for Speech TherapyV. SERVICE DELIVERY MODEL: *n/a*☐ Direct

\_\_\_\_\_ minutes per week

☐ Consultation (Speech Therapist is implementor)☐ Monitor (Teacher is implementor)

\_\_\_\_\_ minutes per \_\_\_\_\_

VI. MODIFICATIONS: *n/a*

With the use of the following modifications in the regular education classroom, this student should be able to achieve a mastery level of 70% in all content areas in order to receive a passing grade and, thus, to participate in extracurricular activities.

☐ Increased response time☐ Adjustments for misarticulations in responses☐ Use repeated drill/review☐ Provide preferential seating☐ Use various modalities☐ Model examples☐ Use sign language☐ Use assistive technology device/services☐ None recommended at this time☐ Use positive/concrete reinforcers☐ Other: \_\_\_\_\_

Use assistive technology device or services as follows: \_\_\_\_\_

*Rosanna Venev*  
☒ Licensed Speech/Language Pathologist  
☐ Certified Speech/Language Pathologist13417  
License No.9-24-95  
Date

## FOR MEDICAID ELIGIBLE STUDENTS ONLY

I have reviewed the assessment findings of the speech therapist and recommend that this student be considered for speech therapy services. The amount, frequency, duration, and method of delivery of services will be determined by the school's Admission, Review, and Dismissal Committee, acting on the recommendations of the speech therapist.

\_\_\_\_\_  
PHYSICIAN

Distribution: White (SEO) Yellow (Therapist) Pink (Counselor)

\_\_\_\_\_  
DATE

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
Corpus Christi, Texas  
Psychological Services

TEST DATA SUMMARY SHEET

Initial  
3 Yr Re-eval  
Follow-up Re-ev  
Out of District  
Outside Referral

John H. Ramirez Student ID# 9665114 Examiner: West Cao IS  
6-29-84 School: Wynne Leah Grade 06 Test Lang English  
11-29-94 Age (yr. mo.) 11 yrs. 11 mos. Spanish  
11-29-94 Age (yr. mo.) 11 yrs. 11 mos. Bilingual

WISC-R WAIS  
WISC-III

STANFORD-BINET(S-B)

P.P.V.T. (R)

PROJ. DRAWING MAPS  
S/Concept Quest.  
MMPI TAT CAT  
INC. SENT DESPERT  
RORSCHACH  
PARENT INTERVIEW  
CLINICAL INTERVIEW  
BEHAVIOR CHECKLIST  
CONF. (STATE/OTHER)  
OBSERVATIONS

nf 12 PC  
sim 9 PA  
Arith 13 BD  
Voc 13 OA  
Comp 8 COD  
Dsp 8 Maz  
SS  
VIQ 106 PIQ 107 FSIQ  
VC PO  
FD PS

M.A. yrs mos  
I.Q.

M.A. yrs mos  
S.S.

Vineland Adap Behav Scale  
(VABS)

TONI

I.Q.

A.E. S.S.  
Commun  
D. Living  
Social  
Motor  
Composite

WOODCOCK-JOHNSON ACHIEV TEST-R(WJ-R)

Age-Norms Grade Norms  
Cluster Scores Broad Scores

BEERY VMI Correct

VMI yrs mos

S.S.

Verbal Analogue 8-5, 6, 2, 70%, 108 SS.

Listening Comp. 8-7, 3, 1, 27%, 95 SS.

Woodcock Lang. Proficiency Battery

Oral Lang. Cluster 8-5, 4, 8, 47%, 99 SS.

Reading 9-6, 4, 6, 43%, 95 SS.

Writing 9-7, 4, 3, 35%, 95 SS.

Oral Voc. 8-7, 8, 0, 40, 110 SS.

WRAT-R/WRAT-III

Reading gd ss

Spelling 5 107

Math 5 107

Reading 9-10 4.5 41 97

Math 11-4 6.0 80 112

Writ Lang 8-7 3.2 16 85

Letter-Wg. 9-11 4.7 44 98

Wd. Attack

Pass Comp. 9-9 4.2 39 96

Calc 10-9 5.4 64 105

Applied 12-9 7.4 88 118

Dictation 8-6 3.1 19 87

Writ Samp 8-8 3.3 23 92

Proofing 9-1 3.7 28 91

Basic Writing Skills 8-10 3.4, 20%ile, 87

WECHSLER INDIVIDUAL ACHIEV TEST (WIAT)

Norms: Age Grade

READING gd ss

Basic Reading

Reading Comp

MATHEMATICS

Math Reasoning

Numerical Oper

LANGUAGE

Listening Comp

Oral Expression

WRITING

Spelling

Written Expr

Total Composite

WOODCOCK READING MASTERY

(WRMT) gd ts ss

Letter ID

Word ID

Wd. Attack

Wd. Comp

Pass Comp

Tot Read

BENDER GESTALT (KOPPITZ) (B - G)

Errors 6 SD VP Age yrs mos

To yrs mos

Persv Dist Int Rot

ALFERN-BOLL DEV PROF

Subtest: Dev Age (Mos)

Physical

Self-Help

Social

Academic

Commun

I.Q. Equiv

DTLA

Key Math

BRIGANCE

Inf. Read

Inf. Math

STANFORD-BINET IV

Voc Quant

Comp QR SAS

Abs Bd Mem

VR SAS Mem-Sent

Pat An L S-TM SAS

Cap

A/VR SAS

Composite (SAS)

TEST OF ADOLESCENT LANG (TOAL)

Speech eval.: 5-21-93

Assessable Handicapping Condition:

1. LP

2. MM

Staff with:

Dismissed from speech: 9-26-95

Date:

NAME: John RamirezDATE: 9/10/95EXAMINER: R. Veneza - SLPI. LipsCan protrude: yes ☒ no ☐Can retract unilaterally: Left: yes ☒ no ☐Can say /p/ rapidly: yes ☒ no ☐; Right: yes ☐ no ☐II. TeethOcclusion: normal ☒, mesiocclusion ☐, neutroclusion ☐, distocclusion ☐Vertical relationship of incisors: normal ☒, open bite ☐, close bite ☐III. TongueCan touch corners of mouth rapidly for five seconds: yes ☒ no ☐Can say /t/ rapidly: yes ☒ no ☐IV. Hard PalateIntactness: normal ☒, cleft repaired ☐, cleft, unrepaired ☐Palate contour: normal ☒, flat ☐, deep and narrow ☐V. Velopharyngeal Port MechanismMovement of soft palate during phonation of /a/: yes ☒ no ☐Can blow out match: yes ☒ no ☐Can say /k/ rapidly: yes ☒ no ☐Can say /p/rapidly: yes ☒ no ☐VI. TonsilsNormal ☒ Enlarged ☐ Absent ☐VII. Breathing MechanismInhalation: deep and inaudible ☒, deep and audible ☐, shallow ☐Breathing movements: rhythmical ☒, jerky ☐Heaving of shoulders during speaking: none ☒, some ☐, marked ☐Number of seconds can prolong /a/ following deep inhalation: average ☒, below average ☐

Comments: Tongue tip is tied to the frenum. Frenectomy has not been performed however. Despite tongue tie he is able to produce all phonemes. The /s/ & /t/ are good. He does not appear to have any problems w/ sound production at this time.



Testing Date: 11-16-00

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
Corpus Christi, Texas

Last Assessment: 1-15-98

REEVALUATION BY ARD

Student: John Ramirez

☒ Three-year Reevaluation ☐ Special Request

ID: 454713620 School: Moody HS Grade: 10 Age: 16 D.O.B.: 6-29-84 Sex: M

Current disabilities: LD / OHI

A. Review of Existing Data

The chart below indicates the areas the ARD Committee has included in its review of existing assessment data and the committee's recommendations for the student's comprehensive assessment.

N = assessment is needed in this area

C = current data is satisfactory/no need to reassess

Sources of Data

Language/Communication

Dates/Discussion

Recommendation

☐ N ☒ C

adequate  
Physical (Motor/Health) history of ADHD - took med. input ☐ N ☒ C

Emotional/Behavioral can be moody  
can be disruptive / argumentative w/ authority ☐ N ☒ C  
may need clearly defined limits - cooling off time  
will walk out of class, can be disruptive

Intellectual/Adaptive Behavior  
1-95 WISC-3 FSIQ-107  
1-98 TONI IQ 110 AVG to AB-AVG Range ☐ N ☒ C

Present Levels of Educational Performance  
1-95 WRAT-3 R-4.5, RI-4.2, WI-3.2, M-6.0 Grade level ☐ N ☒ C  
1-98 WRAT-3 R-6, M-8 Eng. drafts  
minimally describing conclusion math computer  
Sociological has had excessive abs, incomplete assign ☐ N ☒ C

Assistive Technology ☐ N ☒ C  
use calc/computer

Additional Information  
passed end of course US Hist spr 99

OFFICE USE ONLY:

Staff ID: 0005

☐ No  
☒ Yes

(additional assessment IS NOT needed.)  
(additional assessment IS needed.)

Date of Next 3 Year Review: 11-2003



**B. Summary of Data to Determine Specific Disability and/or Services**

☐ No Additional Data Needed.

Upon review of current assessment data, the ARD Committee agrees that:

☐ The student manifests no disabling conditions and is not eligible to receive (\*see below) special education and related services.

☐ The student manifests the following disabling conditions(s): \_\_\_\_\_

☐ Yes ☐ No The student needs special education and related services which will be determined when the ARD/IEP Committee develops/reviews the IEP and makes recommendations for programming and placement. If NO, the student is not eligible to receive special education and related services. (Conduct a subsequent ARD to address dismissal from special education.)

The following section is to be completed if no additional data are required:

☐ Yes ☐ No The district has explained to the parent(s) the reasons for its determination that no additional data are needed to determine whether this student continues to be a student with a disability.

☐ Yes ☐ No The district has made the parent(s) aware of their right to request an assessment to determine whether this student continues to be a student with a disability.

**X Additional Data Needed \***

The ARD Committee has determined that additional data are needed to determine whether: A) this student has or continues to have a particular category of disability; B) the present levels of performance and educational needs of the student; and C) if applicable, the nature and scope of special education and related services needed.

Note:

- A student is not eligible for a new disability without formal assessment
- The parent must complete and sign a Consent for Assessment and must also receive a Notice of Assessment prior to starting the comprehensive assessment
- Requests for initial assessment for related services require the school to complete and submit to special education the customary packet of information required for consideration of services. Also, parents are required to provide a physician's prescription prior to services.

**ASSURANCES**

☒ YES ☐ NO The ARD Committee assures that the testing, evaluation materials, and procedures used for the purposes of evaluation were selected and administered so as not to be racially or culturally discriminatory.

☒ YES ☐ NO The ARD Committee assures that the tests and other evaluation materials have been validated for the specific purpose of which they were used.

☒ YES ☐ NO The ARD Committee assures that the tests and other evaluation materials were administered by trained personnel in conformance with the instructions provided by their producers.

\* A FOLLOW-UP ARD MUST BE HELD UPON COMPLETION OF ASSESSMENT.

(\* Conduct a subsequent ARD to address dismissal from special education.)

tu PS-2000

SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

MEMBERS	SIGNATURE AND TITLE	SP. ED.	POSITION	AGREE	DISAGREE
	<i>parent not in attendance</i>		Parent(s)/Adult Student		
	<i>[Signature]</i>		Administration	✓	
	<i>Dr. M. Duvino</i>		Instruction	✓	
	<i>S. Morgan</i>	✓	Instruction/Speech	✓	
	<i>Patricia Nehabaza</i>	X	Assessment <sup>1</sup>	✓	
OTHER PARTICIPANTS					
			Representative of LPAC <sup>2</sup>		
			Consultant/Chairperson		
			Vocational		
			Visual/Auditory		
			Counselor		

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than ten (10) school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach a mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or to others, or if the student has committed an expellable offense. The committee will reconvene on \_\_\_\_\_ at \_\_\_\_\_

Date \_\_\_\_\_ Place and Time \_\_\_\_\_

Information explaining why mutual agreement has not been reached must be noted in the ARD minutes. Participants may attach statements of agreement, disagreement, or clarification to the ARD minutes.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been given to

*Parent* by *C. Nehabaza* on *11-2-00*  
 You have questions regarding these safeguards, please feel free to call 994-3500.

<sup>1</sup>Assessment personnel are required when assessment issues are included in the ARD committee's deliberations.

<sup>2</sup>LPAC representatives are required at the ARD of any student who is limited English proficient.

Include documentation concerning the reconvened ARD committee meeting.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
Corpus Christi, TexasSpecial Education  
Psychological Services

## NOTICE OF REEVALUATION

Name of Student: \_\_\_\_\_

DOB: 6-29-84School: Moody H.S.Date Sent: 11-17-00

Due to recent amendments to the special education law, an Admission, Review, and Dismissal (ARD) committee meeting has been held prior to the reevaluation to review existing data and determine the scope of the reevaluation. The results of this meeting determined that reevaluation is required in the following areas:

Types of tests/techniques which may be used in the reevaluation of your child include the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Language   | formal and/or informal measures of language dominance and proficiency  |
| <input type="checkbox"/> Physical   | medical evaluations (if physical factors are suspected of adversely affecting educational performance)   |
| <input checked="" type="checkbox"/> Emotional/Behavioral                      | formal and/or informal measures of emotional/behavioral characteristics which may influence learning   |
| <input type="checkbox"/> Sociological   | formal and/or informal measures of family/community relationships which may affect learning  |
| <input type="checkbox"/> Intellectual/<br>Adaptive Behavior                   | tests which provide an estimate of the ability to acquire knowledge and formal/informal measures of the ability to function in the home, neighborhood and school |
| <input type="checkbox"/> Academic Achievement<br>and Learning<br>Competencies | formal and/or informal measures of basic skills in such areas as reading, mathematics, spelling, and other areas, including job-related skills, if appropriate.  |

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to parent

on 11-2-00 by Prayan. If you have questions regarding these safeguards, please feel free to call 994-3500.

PS-NR-98

dg



11-2-00

Date

1-15-98

Last Evaluation

Date

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
OFFICE OF SPECIAL EDUCATION  
Corpus Christi, Texas

## PARENT LETTER: REEVALUATION PROCESS

Dear Parent(s)/Guardian(s)/Adult Student:

Re: John Ramirez

The school district is required to reevaluate your child for special education at least once every three years or if you or the school district requests a reevaluation.

- ☒ Our records reflect that your child's reevaluation is due on or before 1-2001  
☐ A special request has been made for an evaluation of your child by \_\_\_\_\_

Under recent amendments to the special education law, an Admission, Review, and Dismissal (ARD) Committee meeting must be held prior to the reevaluation to review existing data and to determine the scope of the reevaluation. You are a member of the evaluation team and your participation in the ARD process is very important. We invite you to bring any existing evaluation data (formal and informal) that you would like the ARD committee to consider as part of the evaluation process. The District will also bring existing evaluation data such as classroom-based assessments and observations, criterion-referenced testing, and teacher and related service provider observations.

Enclosed please find the following::

- An Explanation of Rights and Procedural Safeguards of a Parent with a Child with Disabilities in School.
- Notice of ARD meeting scheduled for 11-16 1:30 P.M.

If you have any questions, please call \_\_\_\_\_ at \_\_\_\_\_

Sincerely,

Original: Parent

Copy: Eligibility Folder

Copy: School

Copy: Psychological Services

Parent 1